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3220 Pleasant Run
Springfield, IL 62707
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www.gvnw.com

Via ECFS

October 22, 2013

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 Twelfth Street S.W.
Room 5-A225
Washington, D.C. 20554

Re: FCC Form 481 being filed in accordance with the annual reporting requirements of 47 C.F.R. §54.313 and 54.422, WC Docket Nos. 10-90 and 11-42 before the Federal Communications Commission.

Dear Ms. Dortch,

In accordance with the annual reporting requirements of 47 C.F.R. §54.313 and 54.422, Hardy Telecommunications, Inc. is submitting FCC Form 481 via the FCC's Electronic Comment Filing System (ECFS).

This information was filed online with USAC and was filed with the Public Service Commission of West Virginia on or prior to October 15, 2013.

Please contact me with any questions you have on these filings.

Sincerely,

/s/ Andy Schein

Andy Schein
Senior Consultant
GVNW Consulting, Inc.
(719) 594-5800
aschein@gvnw.com

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	209009
<015> Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	D. Scott Sherman
<035> Contact Telephone Number: Number of the person identified in data line <030>	304-897-9911 ext. 9421
<039> Contact Email Address: Email of the person identified in data line <030>	ssherman@hardynet.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice) (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<320>	Unfulfilled Service Requests (broadband) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<400>	Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410>	Fixed <input style="width: 100px;" type="text"/>			
<420>	Mobile <input style="width: 100px;" type="text"/>			
<430>	Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>	
<440>	Fixed <input style="width: 100px;" type="text"/>			
<450>	Mobile <input style="width: 100px;" type="text"/>			
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510>	<input style="width: 100px;" type="text"/> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610>	<input style="width: 100px;" type="text"/> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1000>	Voice Services Rate Comparability (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010>	<input style="width: 100px;" type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 206009

<015> Study Area Name BARDE TELECOMMUNICATIONS, INC.

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data D. Scott Sherman

<035> Contact Telephone Number - Number of person identified in data line <030> 304-697-9211 ext. 9421

<039> Contact Email Address - Email Address of person identified in data line <030> dsberman@taradyn.net.com

<110> Has your company received its ETC certification from the FCC? (yes / no) (yes / no)

<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no) (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	D. Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	304-897-9911 ext. 9421
<039>	Contact Email Address - Email Address of person identified in data line <030>	dsberman@hardy.net.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

**(1200) Terms and Condition for Lifeline Customers
 Lifeline
 Data Collection Form**

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	D. Scott Sherman
<035>	Contact Telephone Number - Number of person identified in data line <030>	304-897-3911 ext. 3421
<039>	Contact Email Address - Email Address of person identified in data line <030>	ds Sherman@hardyinc.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 209009wv1210

Name of attached document (.pdf) _____

<1220> Link to Public Website HTTP _____

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<010> Study Area Code	204004
<015> Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	D. Scott Sherman
<035> Contact Telephone Number - Number of person identified in data line <030>	304-497-9611 ext. 5421
<039> Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardy.net.com

CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2010> Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<2012> Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification	<input type="checkbox"/>
<2013> 2014 Frozen Support Certification	<input type="checkbox"/>
<2014> 2015 Frozen Support Certification	<input type="checkbox"/>
<2015> 2016 and future Frozen Support Certification	<input type="checkbox"/>
<2016> Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband	<input type="checkbox"/>
<2017> Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification	<input type="checkbox"/>
<2018> 5th year Broadband Service Certification	<input type="checkbox"/>
<2019> Interim Progress Certification	<input type="checkbox"/>
<2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021> Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	209009
<015> Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	D. Scott Sherman
<035> Contact Telephone Number - Number of person identified in data line <030>	304-897-9911 ext. 9421
<039> Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	HARDY TELECOMMUNICATIONS, INC.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/10/2013
Printed name of Authorized Officer:	David Sherman
Title or position of Authorized Officer:	GM & CEO
Telephone number of Authorized Officer:	304-897-9911 ext. 9421
Study Area Code of Reporting Carrier:	209009 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	209009
<015> Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	D. Scott Sherman
<035> Contact Telephone Number - Number of person identified in data line <030>	304-897-9911 ext. 9421
<039> Contact Email Address - Email Address of person identified in data line <030>	ssherman@hardynet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Service Quality Standards & Consumer Protection Rules Compliance

The Company complies with service quality standards and consumer protection rules set forth by the West Virginia Public Service Commission, and within its rules and regulations as it relates to Service Quality Standards and Consumer Protection Rules.

The Company also complies with the requirements of 47CFR Part 64 Subpart U, Customer Proprietary Network Information (CPNI) and the Federal Trade Commission Red Flag Rules to prevent identity threats. A manual for each of these programs is in place and is part of the employees' handbook. Employee and Board of Directors training is conducted annually and new hires are instructed on the programs as required by their respective job functions.

Emergency Operations Functionality & Capability

The Company prides itself on updating and maintaining all of its plant and equipment to prevent outages before they happen. If outages do occur, the Company has a 24-hour/7 days-a-week on call staff and alarm reporting systems in place that send the necessary notifications to the 24-hour/7 days-a-week personnel monitoring these systems. The Company certifies that it follows best practices that are designed to allow them to remain functional in an emergency situation through the use of back-up power to ensure functionality.

Absent catastrophic failure of the network or elements of it, the Company has the capability to engage in some re-routing of traffic based on what facilities are damaged. While the Company has engineered its network based on accepted industry engineering practices, changing call routing may, to some extent, permit the Company to manage traffic patterns throughout its network during emergency situations.

The Company performs exercises to test disaster preparedness on each site's back-up power systems and they are tested weekly. Major transport facilities are also tested periodically to ensure failover reliability.

The Company provides the following information regarding its central office back-up battery and generator capability during electricity failures within its operating areas. The Company has deployed battery back-up power in its central office that will produce an estimated twenty (20) hours of back-up power for the Company's central office. The initiation of the Company's battery back-up capability is triggered instantaneously of the network identifying the existence of a loss of power.

The Company also has a back-up natural gas generator that is available at its central office should it be necessary. The generator would provide 152 hours of back-up power capability. Since the availability of fuel at the location is not an issue, the generator would provide sufficient power to operate even longer absent some unforeseen breakdown of it. Based on current contingency preparation plans, the Company estimates that the necessary generator-provided back-up power capability can be deployed and functioning within a minute of the identification of its need, well within the time frame of the estimated battery power back-up capability possessed by the Company. In addition, the Company has two portable generators that can be moved to the necessary site(s).

Lifeline Certification, Verification, and Confirmation for Determining Initial and Continuing Eligibility of Consumers for USF Supported Lifeline Services.

General Assertion / Certification:

The Company has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services. The Company has instituted certification and verification procedures in company with Section 54.416 off the rules of the Federal Communications Commission (the "FCC"). Specifically, the Company refers Any and all consumers who request USF supported services from Hardy Telecommunications to the West Virginia Department of Health and Human Resources for proper confirmation and documentation of eligibility. Hardy Telecommunications proceeds with instituting such services after proper documentation of eligibility from the DHHR is received from the consumer.

In addition, as required by Section 54.410 of the FCC's rules, the Company obtains a valid certification form for each subscriber for whom the Company will be seeking Lifeline reimbursement. A copy of the Company's "Annual Lifeline Certification and Verification" form has been attached to the Company's submission in response to the May 1, 2012 "Commission Order" in the above referenced proceeding.

Based on the foregoing, my knowledge, information and belief, I hereby certify that the Company has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services, that the Company is in compliance with all federal Lifeline certification procedures, and that the Company has obtained a valid certification form for each subscriber for whom the carrier seeks Lifeline reimbursement.

Scott Sherman, General Manager and CEO of Hardy Telecommunications, Inc. and its Operating Companies

Table of Contents for Additional Supporting Documents:

- Lifeline Assistance (Guideline for Customers)
- Lifeline Assistance Certifications
- Lifeline Assistance Tariff as Currently Filed and On Record with the West Virginia Public Service Commission
- Website Link regarding Company's Lifeline Assistance Program:
 - <http://www.hardynet.net/telephone-service/residential-telephone/lifeline-linkup/>

LIFELINE ASSISTANCE

1. Lifeline Assistance consists of a credit in the amount of \$9.25 on eligible customer's bills.
2. The Lifeline discount can apply to ANY residential service plans that provide voice telephony service.
 - Partial payments will first be applied to pay down the allocated price for Lifeline voice services.
3. In order to be eligible to receive Lifeline Assistance, the customer must certify that s/he participates in one of the following:
 - Medicaid
 - Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps
 - Supplemental Security Income (SSI)
 - Federal Public Housing Assistance
 - Low Income Home Energy Assistance Program (LIHEAP)
 - National School Lunch Program's Free Lunch Program
 - Temporary Assistance for Needy Families (TANF)
 - Income is at/below 135% of the Federal Poverty Guidelines
4. If the customer claims to qualify based on income, s/he must present acceptable documentation of the household income. Acceptable documentation includes: the prior year's tax return, current income statement from an employer or paycheck stub, a Social Security statement of benefits, a Veterans Administration statement of benefits, a retirement/pension statement of benefits, an Unemployment/Workmen's Compensation statement of benefits, federal or tribal notice letter of participation in General Assistance, a divorce decree, child support, or other official document.
5. If the customer presents documentation of income that does not cover a full year (e.g., pay stubs), the customer must present **three** consecutive months worth of the same document.
6. Customer must fill out the attached Lifeline Assistance Certification. Once the form is complete, you must print your name and sign at the appropriate places on the form.
7. Make a copy of the form and give the customer a copy. The original is to be kept in a file.
8. A service deposit cannot be collected on an eligible customer.

LIFELINE ASSISTANCE CERTIFICATION

I hereby certify, under penalty of perjury, that I am eligible to receive Lifeline Assistance for the following reason(s): *(Please check all that apply)*

- Medicaid
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's Free Lunch Program
- Temporary Assistance for Needy Families (TANF)
- Income is at/below 135% of the Federal Poverty Guidelines

I also certify, under penalty of perjury, the following:

- Number of Individual's in my household
- Date of birth
- Last four (4) digits of my Social Security Number
- Household meets the income requirements
- Presented documentation of income accurately represents the household income

I further acknowledge, under penalty of perjury, the following requirements: *(Please acknowledge by initialing each)*

- Lifeline is a federal benefit and is available for only **ONE** line per household.
- Violation of the one-per-household requirement would constitute a violation of the Commission's rules and would result in subscriber's de-enrollment from the Lifeline program, and potentially prosecution by the United States government.
- Lifeline service is a **non-transferrable** benefit.
- Will notify Hardy Telecommunications, Inc. within 30 days when I am no longer eligible for Lifeline services; or, am receiving more than one Lifeline-supported service.
- Information in applications is true and correct to the best of my knowledge. False or fraudulent information is punishable by fine or imprisonment.

Customer Signature

Customer Name

Date

Hardy Employee Name

NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE

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The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers the Lifeline Assistance Program to eligible low-income subscribers. Lifeline Assistance is offered under the terms and conditions provided below:

1. Lifeline Assistance

a. General

Lifeline Assistance is a federal program offering a discount to qualifying low-income subscribers, as provided for below. Lifeline Assistance provides eligible subscribers a discount for the following package of services: voice-grade access to the public switched network or functional equivalent; minutes of use for local service; access to E-911 services; and, toll limitation service at no charge.

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b. Regulations

- 1) Unless other eligibility requirements are established by the Commission, Lifeline Assistance is available to all subscribers who participate in one of the following programs: Medicaid; Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps; Supplemental Security Income (SSI); Federal Public Housing Assistance; Low-Income Home Energy Assistance Program (LIHEAP); National School Lunch Program's free lunch program; and, Temporary Assistance for Needy Families (TANF).
- 2) Each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program outlined in sub-paragraph (b) (1), above, and must, on that same document, agree to notify the Company if s/he ceases to participate in the program(s). The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service Administrators.

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NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE/LINK UP (cont'd.)

1. Lifeline Assistance (cont'd.)

b. Regulations (cont'd.)

- D
- 3) A subscriber may elect at the time of subscription or later to Lifeline Assistance to receive toll limitation as part of Lifeline Assistance. "Toll limitation" is a service that allows a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.
 - 4) Lifeline Assistance will not be disconnected for non-payment of toll charges, unless the Company first obtains a waiver from the Commission that the Company would otherwise incur substantial costs, that the Company offers toll limitation without charge, and that telephone subscribership among low-income subscribers in the Company's service area is greater than or equal to the national subscribership rate for low-income consumers. For purposes of this paragraph, a "low-income consumer" is one with an income below the poverty level for a family of four residing in West Virginia. The Company shall follow all applicable notice provisions as established, from time to time, by the Commission, as part of using a waiver, if granted. The Company may apply for waivers as necessary.
 - 5) The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll limitation from the Company.
 - 6) Eligibility for Lifeline service shall be subject to initial and continuing verification by the local WV Department of Health and Human Resources. S
- c. Lifeline Assistance provides a discount to the subscriber's monthly local telephone service. The discount is only available for one telephony service per household. The flat-rate discount available per month is \$9.25. C
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C

NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE/LINK UP (cont'd.)

1. Lifeline Assistance (cont'd.)

- d. The Company shall apply the baseline payments received by the administrator of the Federal Lifeline Assistance program to waive the qualifying customer's federal End-User Common Line Charge. The Company shall apply any additional Federal support amount to the qualifying subscriber's basic local exchange service rate.

D

- e. Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges.

2. Link Up

D

This "blank" page/file being uploaded as a previous file was uploaded in error and needed to be removed.

Section 3005 is not required of CETC's and is not applicable to this filing.



CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 2 was successfully certified on 2013-10-09 10:20:50.0 by ssherman@hardynet.com .

SAC : 209009

SPIN : 143028655

Carrier Name : HARDY TELECOMMUNICATIONS, INC.

Program Year : 2014

[Return to 481 Search](#)



LIST OF FORM 481

Selected Carrier

Carrier SPIN	143028655
Carrier SAC	209009
Carrier Name	HARDY TELECOMMUNICATIONS, INC.

	Submission Period	Submitted Date	Status	Filing Period	Timeliness	Edit/Submit	View/Print	Filing Number
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2014 Submissions

2014	Oct 10, 2013	Certified	Open	On time	<input type="button" value="Revise"/>		2
2014	Oct 4, 2013	Certified	Open	On time	<input type="button" value="Revise"/>		1